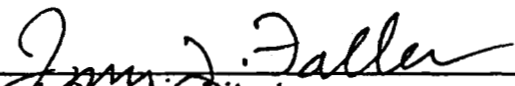
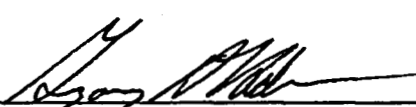


3. Any change in the Agreement, whether by modification or supplementation or both, must be accomplished by a formal contract amendment signed and approved by the duly authorized representative of the Government Entity and DSS/DMS.
4. None of the project activities described in appendixes A or B shall be subcontracted without the prior written consent of DSS/DMS. All subcontracts shall be subject to the terms and conditions of this Agreement. The Government Entity, however, shall remain responsible for the proper completion of the project notwithstanding the subcontract.
5. The Government Entity shall not assign or delegate any interest in the Agreement and shall not transfer any interest in the Agreement whether by assignment or novation, without the prior written consent of DSS/DMS.
6. The Agreement shall be construed according to the laws of the state of Missouri. the Government Entity shall comply with all local, state and federal laws and regulations relating to the performance of the Agreement.
7. The Government Entity shall not be reimbursed for administration of medically necessary medical transportation services incurred prior to or after the project period. Post audit activities will be conducted by DSS/DMS.
8. Reimbursement received, as a result of this agreement, shall not be used to reduce the amount the Government Entity has allowed for non-emergency medical transportation of Missouri Medicaid eligible individuals or to reduce its existing transportation program.


 Gary J. Stangler, Director
 Department of Social Services

9-29-97
 Date


 Gregory A. Vadner, Director
 Division of Medical Services

9-17-97
 Date


 Authorized Signer
 The Government Entity

3-13-97
 Date

TN. 97-03

Approval Date OCT 21 1997

Supersedes TN. New Material

Effective Date 07/01/97

Appendix A

**APPLICATION FOR FUNDS FROM
THE DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES
TITLE XIX TRANSPORTATION OPERATING ASSISTANCE PROGRAM
AND CERTIFICATION OF GENERAL REVENUE**

Fiscal Year July 1, 1997 through June 30, 1998

SECTION I. General Information

Name of The Government Entity City of Jefferson

Address 320 East McCarty Contact Person Tom Hood

Jefferson City, MO 65101 Telephone Number (573) 634-6479

SECTION II. Program Description *HANDI wheels (PARA TRAJIT)*

- A. Area of Service - Corporate City Limits - Jefferson City
- B. Days and Hours of Operation - M-F 7:00 a.m. - 5:30 p.m.
- C. Estimated total trips, miles for fiscal year, cost per mile and Medicaid cost
- | | |
|---|---|
| 1. Estimated total one-way trips to be provided | <u>32,000</u> |
| 2. Estimated Medicaid medical one-way trips | <u>4,000 6,230</u> |
| 3. Estimated total vehicle miles to be operated
(for entire transportation program) | <u>100,000</u> |
| 4. Total Administrative & Operating expense
(for entire transportation program) (Appendix B, C.) | <u>\$899,476.00 249,305.00</u> |
| 5. Estimated Cost per Mile (#4/#3) or Estimated Cost per Trip (#4/#1) | <u>\$8.99 \$7.79</u> |
| 6. Estimated Medicaid Miles | <u>5,400</u> 19,936 |
| 7. Estimated Operating Cost (Medicaid) (#5 * #6) | <u>\$48,546.00</u> |
- D. Transportation Sources

Year/Make/Type	Handicapped Equipped		Passenger Capacity	Owned	Leased
	Yes	No			
<u>See Attached</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Total Vehicles Leased and Owned

If additional space is needed, attach additional sheet.

TN. 97-03

Approval Date 001 21 1997

Supersedes TN. New Material

Effective Date 07/01/97

Section III Description of Transportation Program (i.e. special circumstances, coordination of efforts and other factors which affect your program). Describe how you will assure transportation provided is the least expensive for the level of service required for the patient's condition. If additional space is needed, attach additional sheet.

The Jefferson City Transit System (JEFFTRAN) owns eight regular fixed route coaches and eleven tripper route buses for the general public transportation within the city limits. The City also owns four small buses to transport individuals with disabilities. During the winter and fall peak hours, a total of eighteen buses are operated, including three "Handi-Wheels" buses which provide dial-a-ride paratransit service curb-to-curb.

SECTION IV. Transportation Operating Expenses, Funding Sources

Funding Sources

Name of Funding Sources for Transportation	1. Local Funding	2. State General Revenue	3. Total
Local contract Senate Bill 40	\$ 32,000.	\$ _____	\$ 32,000
Changes for Service	\$ 184,770.	\$ _____	\$ 184,770.
State Grant MoDOT	\$ _____	\$ 55,983.	\$ 55,983.
Transfer from General Fund-City	\$ 423,314.	\$ _____	\$ 423,314.
* Total	\$ 640,084.	\$ 55,983.	\$ 696,067.

A. Total revenue used for all transportation
(Total #3.)

\$ 696,067.

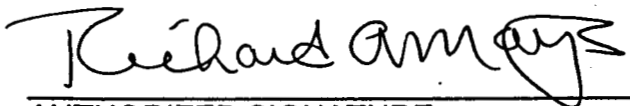
B. Estimated operating cost of Medicaid
transportation (Section II. C. 7.)

\$ 48,546.

C. Total revenue certified to be used for medical
transportation for Medicaid eligible individuals
(Cannot exceed A.)

\$ 48,546.

The agency also certifies that costs for which reimbursement will be requested are not being claimed, or used to support requests from any other grant program.



AUTHORIZED SIGNATURE

March 13, 1997

DATE

City Administrator
TITLE

City of Jefferson
AGENCY

TN. 97-03

Approval Date OCT 21 1997

Supersedes TN. New Material

Effective Date 07/01/97

ESTIMATED ADMINISTRATIVE OPERATING BUDGET
FISCAL YEAR JULY 1, 1996 THROUGH JUNE 30, 1997

Attachment 4.16-182

A. Administrative Expenses:

Project Manager's Salary	\$ 36,634	HHNDI wheels 12,211
Fringes	<u>11,962</u>	3,477
Secretary/Bookkeeper	<u>3,429</u>	1,132
Fringes	<u>994</u>	331
Office Supplies	<u>1,317</u>	435
Building Utilities (lights, heat, water) Telephone	<u>7,193</u>	2,194
Telephone	<u>--</u>	
Insurance	<u>16,568</u>	5,467
Bonding	<u>--</u>	
Promotion / Advertising	<u>5,362</u>	1,769
Travel (Mileage)	<u>--</u>	
Miscellaneous Expenses	<u>23,006</u>	7,089*
Advertising (notices in newspapers)	<u>--</u>	

Total Administrative Expenses \$ 106,465 34,285

B. Operating Expenses:

Driver Salaries / Dispatcher	\$ 377,529	113,254
Fringe Benefits	<u>139,822</u>	32,895
Dispatcher	<u>--</u>	
Maintenance (Labor and Parts) Tire & Tubes	<u>193,146</u>	48,287
Fuel and Oil	<u>80,502</u>	20,124
Tires and Tubes	<u>--</u>	
Misc. Materials and Supplies	<u>2,012</u>	503

Total Operating Expenses \$ 793,011 215,020

C. Total Administrative & Operating Expenses \$ 899,476 249,305

D. Estimated Operating Cost (Medicaid)* \$ 48,546 * trash collection
 dues + publications
 audit, copies
 mtgs & conferences
 Medicaid supplies
 postage

Prepared by Thomas Hood Date 03/13/1997

Title Director Division of Transportation

* Estimated Operating Cost (Medicaid) is that part of the Total Administrative & Operating expense to be used for Medical transportation for Missouri Medicaid eligible individuals (Appendix A, Section II, C.7).

This budget page may be modified for your specific needs. Please note any modification with a check mark to the left of your line item.

TN. 97-03

Approval Date OCT 21 1997

Supersedes TN. New Material

Effective Date 07/01/97

Invoice # _____

INVOICE FOR MEDICAID ADMINISTRATION OF TRANSPORTATION

NAME OF GOVERNMENTAL ENTITY _____

INVOICE FOR PERIOD _____ THROUGH _____, FY _____

CONTACT PERSON _____ TELEPHONE NUMBER _____

REMIT MEDICAID REIMBURSEMENT TO:

- A. How many Medicaid eligible individuals were transported TO Medicaid covered services during this period? _____
- B. What was the total number of trips provided for the Medicaid eligible individuals reported in letter A? _____
- C. What was the cost of providing transportation for the Medicaid eligible individuals reported in letter A? _____

REIMBURSEMENT OF MEDICALLY NECESSARY TRANSPORTATION SERVICES

_____	X	50%	=	_____
(cost [letter C])	X	50%	=	(Total Medicaid Reimbursement)

CERTIFICATION OF REVENUE AND COSTS

The _____ (Government Entity) certifies that it has expended state and local general funds in an amount sufficient to provide the non-federal share of the expenditures being claimed for federal financial participation. The government entity certifies that the costs for which reimbursement is being requested are not being claimed, or used to support requests from any other grant program. The government entity also certifies that the costs for which reimbursement is being requested are a record of actual costs and were incurred in the performance of the contract.

AUTHORIZED SIGNATURE _____

DATE _____

REIMBURSEMENT WILL NOT BE MADE WITHOUT RECEIPT OF COMPLETED FORM.

SEND INVOICE TO:

CASH CONTROL UNIT
DIVISION OF MEDICAL SERVICES
P.O. BOX 6500
JEFFERSON CITY, MO 65102-6500

TN # 97-03

Supersedes TN _____ New Material

Approval Date OCT 21 1997
Effective Date 07/01/97

CITY OF JEFFERSON, DEPARTMENT OF PUBLIC WORKS-TRANSIT DIVISION, SCHEDULE OF VEHICLES

YEAR OF PURCHASE	# OF PASSENGERS	MODEL #	MANUFACTURER	TYPE VEHICLE	VIN #	LIC.#	EQUIP#	FIXED ASSET #	PURCHASE DATE	PRICE	STATUS	FUNDING	MILEAGE
1979	37	T7H-603	GMCRTSII	TRANSIT COACH	T7H603070	615	011	005812	4/1/79	\$94,303.00	TO BE SOLD	SEC. 3	519009
1979	37	T7H-603	GMCRTSII	TRANSIT COACH	T7H603074	619	015	005799	4/1/79	\$94,303.00	TO BE SOLD	SEC. 3	452306
1986	39	35096-6T	FLXIBLE-METROL	TRANSIT COACH	1GF5DAAK7GD097333	607	208	002802	2/1/86	\$138,475.00	FULL TIME	SEC. 3	269938
1987	40	CB6P042	CHEV.-WAYNE	SCHOOL BUS	1GBJ6P1B7HV115824	610	303	010113	2/1/88	\$36,255.00	FULL TIME	SEC. 18	61802
1987	40	CB6P042	CHEV.-WAYNE	SCHOOL BUS	1GBJ6P1B2HV115827	611	300	010114	2/1/88	\$36,255.00	BACK UP	SEC. 18	42525
1987	40	CB6P042	CHEV.-WAYNE	SCHOOL BUS	1GBJ6P1B4HV115831	612	301	010115	10/1/88	\$36,255.00	FULL TIME	SEC. 18	50780
1988	40	8F3209X-B	CHEV.-WAYNE	SCHOOL BUS	1GBJ6P1B6JV114332	613	333	008787	10/1/88	\$38,991.00	FULL TIME	SEC. 18	58704
1988	40	8F3209X-B	CHEV.-WAYNE	SCHOOL BUS	1GBJ6P1B1JV114335	614	334	010108	10/1/88	\$38,991.00	FULL TIME	SEC. 18	57037
1988	40	8F3209X-B	CHEV.-WAYNE	SCHOOL BUS	1GBJ6P1B5JV114337	621	335	010109	10/1/88	\$38,991.00	FULL TIME	SEC. 18	83565
1988	40	8F3209X-B	CHEV.-WAYNE	SCHOOL BUS	1GBJ6P1B7JV114856	622	336	010110	10/1/88	\$38,991.00	FULL TIME	SEC. 18	84372
1989	06		CHEV CAPRICE	4 DOOR	75KR170743	604	352	010237	6/1/91		FULL TIME	SEC. 18	90471
1991	16	E373	FORD ELDORAD.	VAN/VAN MINI BUS	1FDKE37G4MHA19572	620	400	012141	1/2/91	\$34,580.00	BACK UP	SEC. 3	155918
1991	16	E373	FORD ELDORAD.	VAN/VAN MINI BUS	1FDKE37G3MHA19577	626	402	012143	1/2/91	\$34,580.00	BACK UP	SEC. 3	132474
1993	3	F268	FORD	4X4 PICKUP	1FTHF26H5PNB23011	623	487	12640	1/2/91	\$34,580.00	FULL TIME	SEC. 3	9298
1995	23	3000	WORLD TRANS	TRANSIT COACH	48SB2CBX6PL000209	630	536	13390	1/3/96	\$121,662.00	BACK UP	SEC. 3	30379
1995	23	3000	WORLD TRANS	TRANSIT COACH	48SB2CBX5PL000220	633	537	13391	1/3/96	\$121,662.00	FULL TIME	SEC. 3	30123
1995	23	3000	WORLD TRANS	TRANSIT COACH	48SB2CBX7PL000218	634	539	13392	1/3/96	\$121,662.00	FULL TIME	SEC. 3	33293
1995	23	3000	WORLD TRANS	TRANSIT COACH	48SB2CBX0PL000214	632	540	13393	1/5/96	\$121,662.00	FULL TIME	SEC. 3	29787
1995	23	3000	WORLD TRANS	TRANSIT COACH	48SB2CBX9PL000219	631	538	13394	1/5/96	\$121,662.00	FULL TIME	SEC. 3	32357
1994	48-16		FORD ELDORAD.	VAN/VAN MINI BUS	1FDKE30G1RHC12019	624	514	12800	1/11/95	\$36,691.00	FULL TIME	SEC. 18	58105
1994	48-16		FORD ELDORAD.	VAN/VAN MINI BUS	1FDKE30GXRHC12018	627	515	12801	1/11/95	\$36,691.00	FULL TIME	SEC. 18	61408
1994	48-16		FORD ELDORAD.	VAN/VAN MINI BUS	1FDKE30G8RHC12020	606	513	12860	1/11/95	\$36,691.00	FULL TIME	SEC. 3	54207
1996	23	3000	WORLD TRANS	TRANSIT COACH	4LMKF5319TL000234	635	541	13395	1/3/96	\$121,662.00	FULL TIME	SEC. 3	26275
1996	23	3000	WORLD TRANS	TRANSIT COACH	4LMKF5315TL000232	636	559	13431	7/2/96	\$121,662.00	FULL TIME	SEC. 3	15257
1996	23	3000	WORLD TRANS	TRANSIT COACH	4LMKF5317TL000233	637	560	13446	7/31/96	\$121,662.00	FULL TIME	SEC. 3	8391
1996	23	3000	WORLD TRANS	TRANSIT COACH	4LMKF5314TL000237	638	561	13441	8/7/96	\$121,662.00	FULL TIME	SEC. 3	14719
1996	20		DIAMOND	VAN/VAN MINI BUS	FDLE40G1THB45598	N/A	N/A	13420	7/24/96	\$40,607.00	LEASE	SEC. 3	

901 2 1 1

2007-7-11

**MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES TITLE XIX TRANSPORTATION
OPERATING ASSISTANCE AGREEMENT**

**I
STATEMENT OF PURPOSE**

This Agreement is entered into by the Department of Social Service, Division of Medical Services (DSS/DMS) and City Utilities of Springfield for the administration of scheduled transportation services for Missouri Medicaid eligible individuals served by City Utilities of Springfield to obtain nonemergent but medically necessary, Missouri Medicaid covered services. DSS/DMS and City Utilities of Springfield will make every effort to:

1. Provide the most efficient and cost effective non-emergency medical transportation (NEMT) services available to Medicaid eligible individuals served by City Utilities of Springfield.
2. Assure scheduled transportation services for individuals eligible to receive Medicaid on the day services are provided, who have no other transportation resources, to and/or from covered scheduled Missouri Medicaid medical services in the most appropriate, least costly manner.

**II
RESPECTIVE RESPONSIBILITIES**

DSS/DMS agrees to:

1. Reimburse City Utilities of Springfield the Title XIX federal share of actual and reasonable costs established for the provision of medically necessary transportation provided by City Utilities of Springfield. Reimbursement is based upon the estimated operating cost of City Utilities of Springfield as determined from City Utilities of Springfield's estimated annual operating budget (Appendix B). The rate of reimbursement for the eligible administration of medically necessary transportation costs will be the Title XIX federal share (50%). The estimated operating cost will be reviewed in March of each year and the estimated cost per unit may be adjusted in March of each year.
2. Provide City Utilities of Springfield access to the information necessary to properly provide and seek reimbursement for administration of medically necessary transportation.
3. Review administrative payments made to City Utilities of Springfield to ensure that NEMT services are provided in the most efficient and cost effective manner and that payments do not duplicate other Medicaid NEMT payments.

TN. 97-06

Supersedes TN. New material

Approval Date AUG 15 1997

Effective Date July 1, 1997

4. Provide written instructions, technical assistance, and necessary consultation to staff of City Utilities of Springfield regarding the responsibilities assumed within the terms of this agreement.

City Utilities of Springfield agrees to:

1. Provide professional, technical and clerical staff to conduct administrative functions necessary for the proper and efficient administration of medically necessary transportation;
2. Identify Medicaid eligible individuals who need access to non-emergency medical transportation for scheduled medically necessary, Medicaid covered services

To be eligible for Medicaid coverage of NEMT services, individuals must be Medicaid eligible under a federally matched eligibility category. Individuals eligible under State Only Eligibility Categories: 02, 08, 09, 52, 57, 59, 64, 65 or eligible as Qualified Medicare Beneficiary (QMB) only (eligibility category 55) are not eligible for the Medicaid NEMT program.

3. Arrange and provide the most cost-effective, non-emergency medical transportation service appropriate for the needs of Medicaid eligible individuals served by City Utilities of Springfield.
4. Maintain the confidentiality of client records and eligibility information received from DSS/DMS and use that information only in the administration, technical assistance and coordination of activities authorized under this agreement. City Utilities of Springfield shall not disclose to third parties confidential factual matter provided by DSS/DMS except as may be required by statute, ordinance, or order of the Court, or as authorized by DSS/DMS. City Utilities of Springfield shall notify DSS/DMS immediately of any request of such information.
5. Submit its estimated operating cost annually as part of its Estimated Operating Budget (Appendix B). An estimated cost per unit is determined by dividing the Total Administrative and Operating Expense by the estimated total transportation units (mile, trips, etc.). City Utilities of Springfield will submit unit cost for each level/mode of transportation it will provide for eligible Missouri Medicaid recipients.
6. Certify to DSS/DMS the provisions of the non-federal share for transportation services via completion of DSS/DMS "Certification of General Revenue". City Utilities of Springfield will be required to include this in its Application for Funds from DSS/DMS Title XIX Transportation Operating Assistance Program and Certification of General Revenue (Appendix A) and on each Invoice for Medicaid Administration of Transportation (Appendix C).

TN. 97-06

Supersedes TN. _____

Approval Date AUG 15 1997

Effective Date July 1, 1997

7. Provide, as requested by the state Medicaid agency, the information necessary to request federal funds available under the State Medicaid match rate. Information will include at least: Patient/client name; Medicaid departmental client number (DCN); Date of Service; Name of Medicaid provider; Name of Medicaid NEMT provider and Actual cost of service;

Submit administrative claims via electronic claims, Invoice for Medicaid Administration of Transportation form or Administrative Claim (Appendix C) monthly. Claims submitted to DSS/DMS must include a certification that costs have been incurred in the performance of the contract and a record of actual costs. These claims will be certified by the signature of the authorized agent of City Utilities of Springfield

City Utilities of Springfield shall provide DSS/DMS with copies of all Medicaid trip verification forms, that list each billable trip, with each monthly administrative claim or invoice.

8. Submit in March of each year a financial status report which includes the actual net operating cost and actual cost per unit for the current fiscal year's activity. The allowed cost per unit may be adjusted if the variance between the estimated cost per unit and the actual cost per unit is greater than five percent.
9. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS/DMS any federal share which is deferred or ultimately disallowed or both arising from the administrative claims submitted to DSS/DMS by City Utilities of Springfield
10. Maintain all necessary documentation for a minimum of five (5) years that supports the administrative claims, actual operating budget and actual cost per unit, and provide the Health Care Financial Administration (HCFA) any necessary data for auditing purposes.
11. Consult with DSS/DMS on issues arising out of this agreement recognizing the authority of the single state Medicaid agency in the administration of the Medicaid State Plan on issues, policies, rules and regulations on program matters.
12. Meet with DSS/DMS on a regular basis, at least annually, to exchange information regarding policy and procedure relating to the efficient administration of medically necessary transportation.
13. Allow DSS/DMS and HCFA, or any of their representatives, full access to and the right to examine, during normal business hours and as often as DSS/DMS or HCFA deems necessary, all of City Utilities of Springfield's records with respect to all matters covered by this contract. Such representatives shall be permitted to audit

TN. 97-06

Supersedes TN. _____

Approval Date AUG 15 1997

Effective Date July 1, 1997

under the guidelines of OMB Circular A-128 "Audits of State and Local Governments," or OMB Circular A-133, "Audits of Institutions of Higher Education and Other Nonprofit Institutions," and examine and make excerpts or transcripts from such records and other matters covered by this contract. Such rights shall last for five years beyond the longer of the following periods: (a) the period during which any property acquired with funds provided pursuant to this contract is used for purposes for which the federal financial assistance is extended, or for another purpose involving the provisions of similar services or benefits; or (b) the period during which City Utilities of Springfield retains ownership or possession of such property.

14. Maintain in amount and form satisfactory to DSS/DMS such insurance as will be adequate to protect City Utilities of Springfield in case of accident. If permitted by law, City Utilities of Springfield may maintain a self-insurance program in lieu of purchasing insurance coverage. City Utilities of Springfield shall verify compliance with this section by submitting a copy of its certificate of insurance, or if self-insured, a copy of its self-insurance plan.
15. Hold harmless and indemnify DSS/DMS, its agents, employees and assigns, from every expense, liability or payment arising out of any negligent act or omission committed in the performance of this contract by City Utilities of Springfield, its employees or subcontractors.
16. Nondiscrimination assurance: With regard to work under this agreement, City Utilities of Springfield agrees as follows:
 - A. Civil Rights Statutes: City Utilities of Springfield shall comply with all state and federal statutes relating to nondiscrimination, including but not limited to Title VI and Title VII of the Civil Rights Act of 1964, as amended (42 U.S.C. 2000d, 2000e), as well as any applicable titles of the Americans with Disabilities Act. In addition, if City Utilities of Springfield is providing services or operating programs on behalf of DSS/DMS, it shall comply with all applicable provisions of Title II of the Americans with Disabilities Act.
 - B. Nondiscrimination: City Utilities of Springfield shall not discriminate on grounds of race, color, religion, creed, sex, disability, national origin, age or ancestry of any individual in the selection and retention for subcontractors, including procurement of materials and leases of equipment. City Utilities of Springfield shall not participate either directly or indirectly in the discrimination prohibited by 49 CFR Subtitle A, Part 21, Section 21.5 including employment practices.
 - C. Solicitations for Subcontracts, Including Procurement of Material and Equipment: These assurances concerning nondiscrimination also apply to subcontractors and suppliers of City Utilities of Springfield. In all solicitations either by competitive bidding or negotiation made by City Utilities of Springfield for work

TN. 97-06Approval Date AUG 15 1997

Supersedes TN. _____

Effective Date July 1, 1997